

# HIV REPORTING UPDATE – APRIL 2007



## Upcoming HIV/AIDS Surveillance Conference

Next month, the California Department of Health Services, Office of AIDS (OA) is hosting the *2007 HIV/AIDS Surveillance Conference: Moving Forward*, May 15–17, 2007, at the DoubleTree Hotel in Sacramento, California. Registration is available online on the RDL enterprises Web site at [www.rdlent.com](http://www.rdlent.com). Please note that early registration will end on May 4, 2007. Conference participants from local health departments (LHDs) may still register at the conference site, though a late registration fee will apply.

## Heterosexual HIV Transmission Classification

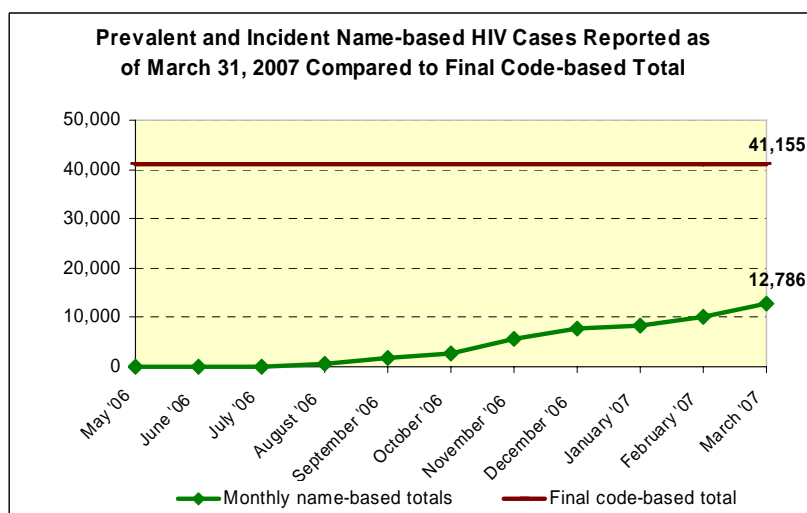
The Council of State and Territorial Epidemiologists (CSTE) has developed a draft Position Statement regarding national HIV/AIDS surveillance policy on the classification of heterosexual HIV transmission. This draft Position Statement is to be adopted or rejected by CSTE members during the organization's 2007 annual conference. The Position Paper recommends that the Centers for Disease Control and Prevention (CDC) adopt a "Presumed Heterosexual" transmission category. This category would apply only to females infected with HIV or who have AIDS, many of which are currently classified as No Identified Risk (NIR). The authors' recommendations address the growing burden on surveillance programs to collect HIV risk factors at a time when funding for HIV/AIDS surveillance is in decline, while the need to conduct medical record reviews for complete risk information is increasing.

Since the 1980s, CDC has classified HIV risk factors based on a presumed hierarchical order of the most likely mode of HIV transmission. The CDC mode of heterosexual transmission not only relies on HIV-infected individuals' prior knowledge of their sexual partners' HIV risk, but also on the ability of health care providers to obtain this information. The Presumed Heterosexual HIV transmission category proposed by CSTE would reclassify female HIV/AIDS cases currently classified as NIR, as long as there is documented history of sex with a male and no history of injection drug use prior to HIV infection.

The submitting author will be presenting CSTE's recommendations on the classification of heterosexual transmission at the upcoming OA, HIV/AIDS Surveillance Conference. During this time, LHD staff will have the opportunity to comment on the recommendations.

## HIV Case Counts<sup>1</sup> as of March 2007

As of March 31, 2007, a total of 12,786 name-based HIV case reports have been submitted by name to OA. Currently, nearly 85 percent of LHDs statewide have reported HIV cases by name, demonstrating a slight increase in the total number of reporting jurisdictions from the previous month. At this time, the level of reporting for prevalent and newly diagnosed HIV cases accounts for just over 30 percent of all cases reported under the code-based system (41,155). HIV case counts as of March 2007 reflect a net gain of 2,740 cases over the previous reporting period.



<sup>1</sup> On a monthly basis, OA disseminates summary statistics that describe the extent of California's HIV/AIDS epidemic. These routine surveillance reports are available on OA's Web site at [www.dhs.ca.gov/AIDS/Statistics](http://www.dhs.ca.gov/AIDS/Statistics). Beginning in April 2006, the monthly HIV statistics published by OA reflect the number of HIV cases reported by name. For HIV statistics based on cases reported by non-name code, refer to surveillance reports published prior to April 2006, available on OA's Web site.